Sno-Gophers Ski Club 

 2019 – 2020 Membership Application

Thank you for your interest in the Sno-Gophers Ski Club, America’s third oldest Black ski club founded in 1965. Complete this application and return it with your membership fee to the Membership Chair at either the Ski Show, Membership Meeting or mail to: Sno-Gophers Ski Club P.O. Box 43638 Chicago, IL 60643-0524. **Membership Type: New ( ) Renewal ( ) Vested ( ) Membership Fee: $60. /Renewal Fee $50.**

Personal Information (Club Use Only—Unless Preapproved)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: Month\_\_\_\_\_\_ Day\_\_\_\_\_ Gender: Female ( ) Male ( )

Emergency Contact Information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_

( ) I would like my SGSC newsletter emailed.

( ) I do not wish to share my email address shared with the NBS.

 Downhill Skiing Level (Check all that apply.)

( ) Never-Ever ( ) Beginner ( ) Intermediate ( ) Advanced ( ) Expert Have you ever raced? ( ) yes ( ) no

 Snowboarding Level (Check all that apply.)

( ) Never-Ever ( ) Beginner ( ) Intermediate ( ) Advanced ( ) Expert Have you ever raced? ( ) yes ( ) no

 Cross-Country Skiing Level (Check all that apply.)

( ) Never-Ever ( ) Beginner ( ) Intermediate ( ) Advanced ( ) Expert Have you ever raced? ( ) yes ( ) no

Other Interests\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

Check Number\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_\_\_\_\_ PayPal Confirmation #\_\_\_\_\_\_\_\_\_\_

Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_